

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Donner Pass (DP) CVEF	Division: Valley	Chapter: 8
Inspected by: Sergeant R. Fisher, ID 11980 Assisted by: OSSI R. Masterson, ID A4147		Date: 03/05/2010

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 2 hours inspection time. 1 hour documentation.	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Valley Division Due Date: 03/31/2010		
Chapter Inspection: Chapter 8, Command Reimbursable Services			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:
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None

Inspector's Findings:

Reimbursable Services involving Officers from Donner Pass Commercial Vehicle Enforcement Facility (DP CVEF) are generally handled through Truckee Area. The limited application of policies and procedures involving Command Reimbursable Services was found to be appropriate to the specialized mission of the facility.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
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The Commander of DP CVEF concurs with the findings of the Inspector.

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Command: Donner Pass (DP) CVEF	Division: Valley	Chapter: 8
Inspected by: Sergeant R. Fisher, ID 11980 Assisted by: OSS I R. Masterson, ID A4147		Date: 03/05/2010

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

None

Required Action

Corrective Action Plan/Timeline:


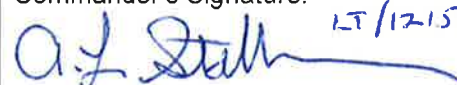
No corrective actions were required.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE  LT 12150	DATE 03/05/2010
	INSPECTOR'S SIGNATURE 	DATE 03/05/2010
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 03/02/10

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CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Command: Donner Pass (DP) CVEF	Division: Valley	Number: 223
Evaluated by: Sergeant R. Fisher, ID 11980		Date: 03/05/2010
Assisted by: OSSI R. Masterson, ID A4147		Date: 03/05/2010

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION		Lead Inspector's Signature:	
<input type="checkbox"/> Division Level	<input checked="" type="checkbox"/> Command Level	 3-5-10 Date: 03/05/2010	
<input type="checkbox"/> Office of Inspections	<input type="checkbox"/> Voluntary Self-Inspection		
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Forward to Valley Division BY: 03/31/ 2010	Commander's Signature:  LT/12156	
For applicable policies, refer to HPM 11.1, Chapter 6.			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
8. Are written requests for specific services directed to the appropriate command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
9. Are traffic control services less than \$50,000 approved by Division?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

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COMMAND REIMBURSABLE SERVICES

10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

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28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
40. Is a reimbursable special project code obtained on every contractual service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEEP/MAZEEP)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 th of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division Responsibility
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
51. Are all payments made directly to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

Note: No corrective actions were need in areas that were applicable to commercial facility operations.
(Refer to attached Exceptions Document)

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Command: Donner Pass Commercial Inspection Facility (223)	Division: Valley	Chapter: 8 DUI Cost Recovery
Inspected by: Sgt. Randy Fisher, ID 11980		Date: 03/05/2010

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Valley Division Due Date: 04/15/2010		
Chapter Inspection: Chapter 8 - DUI Cost Recovery			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

Because of its specialized mission regulating the commercial trucking industry, Donner Pass Commercial Vehicle Enforcement Facility (DP CVEF) does not normally handle driving under the influence (DUI) related traffic accidents unless they occur within the confines of the inspection facility. DUI related traffic collisions are normally handled by Truckee Area CHP, which has primary jurisdiction over local county roads and the freeway. Personnel from DP CVEF assist Truckee Area performing proactive DUI enforcement, but this rarely if ever entails handling DUI related traffic collisions. As a result, DP CVEF personnel generally do not handle collisions requiring the submission of a CHP 735, Incident Response Reimbursement Statement. However, should an incident occur requiring submission of these forms, the Command policies and procedures for processing these documents are in compliance with policy.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

I concur with the Inspector's findings.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Not Applicable.

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Command: Donner Pass Commercial Inspection Facility (223)	Division: Valley	Chapter: 8 DUI Cost Recovery
Inspected by: Sgt. Randy Fisher, ID 11980		Date: 03/05/2010

Required Action
Corrective Action Plan/Timeline



There were no corrective actions necessary.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE  LT/12150	DATE 03/05/2010
	INSPECTOR'S SIGNATURE 	DATE 3-5-10
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 06/22/10

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Command: Donner Pass (DP) CVEF	Division: Valley	Number: 223
Evaluated by: Sgt. Randy Fisher, ID 11980		Date: 03/05/2010
Assisted by: Office Services Supervisor I (OSSI) Rhonda Masterson, ID A4147		Date: 03/05/2010

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: 3-5-10 03/05/2010
For applicable policies, refer to HPM 11.1, Administrative Procedures Manual, Chapter 20.			
Note: A "Yes" response indicates full compliance with policy. If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
2. What are these procedures? Because Donner Pass CVEF performs a specialized mission, it has not had to process DUI cases involving incident response reimbursement. However, should an incident occur requiring submission of an Incident Response Reimbursement Statement (CHP 735), DP CVEF sergeants will ensure all completed DUI traffic collisions are submitted with a CHP 735. The sergeants will log and track the incident to conclusion on a CHP 735A, Case Log – DUI Cost Recovery Program. The log procedure shall include the following information: (1) <u>Defendant Information</u> : Defendant's full name and street address. (2) <u>Violation Information</u> : Incident date and CVC Section violated (e.g., 23152, 23153, or greater offense involving alcohol). (3) <u>Court Information</u> : Court name, case number, and conviction date (if applicable) (4) <u>Fiscal Management Section Information</u> : Date the CHP 735, Incident Response Reimbursement Statement, was forwarded to FMS. (5) <u>Blood</u> : Test results.			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: Primary responsibility for processing CHP 735 rests with the Area Office Services Supervisor (OSSI)

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4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area Office Services Supervisor (OSSl)
5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: DP CVEF has not handled any incidents requiring submission of CHP 735 forms during this reporting period.
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> • A Blood Alcohol Content (BAC) under .08% • A chemical test is positive for drugs only • There is no supporting BAC test of drug test (i.e., a refusal) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area Office Services Supervisor (OSSl) or the sergeants will make notification of a conviction involving cases meeting the requirements of the driving under the influence.
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? <ul style="list-style-type: none"> • The date of BAC results of $\geq .08\%$ were received • The date of BAC results of $\geq .04\%$ were received for a commercial driver 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: DP CVEF has not handled any incidents requiring submission of CHP 735 forms to Fiscal Management Section (FMS) during this reporting period.
8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following? <ul style="list-style-type: none"> • The person arrested refused to provide a chemical test • The arrest was for drugs only • A BAC of $< .08\%$ was obtained 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: DP CVEF has not handled any incidents requiring submission of CHP 735 forms to Fiscal Management Section (FMS) during this reporting period.
9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: DP CVEF has not handled any incidents requiring submission of CHP 735 forms to Fiscal Management Section (FMS) during this reporting period.
10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: DP CVEF has not handled any incidents requiring submission of CHP 735 forms to Fiscal Management Section (FMS) during this reporting period.
11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: DP CVEF has not handled any incidents requiring submission of CHP 735 forms to Fiscal Management Section (FMS) during this reporting period.

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12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: DP CVEF has not handled any incidents requiring submission of CHP 735 forms to Fiscal Management Section (FMS) during this reporting period.
13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: DP CVEF has not handled any incidents requiring submission of CHP 735 forms to Fiscal Management Section (FMS) during this reporting period.
14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735? <ul style="list-style-type: none"> • Response Time • On-Scene Investigation • Follow-up Investigation • Report Writing • Vehicle Storage • Call Back • Field Sobriety Testing • Transportation • Booking • Chemical Testing • Traffic Control 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: DP CVEF has not handled any incidents requiring submission of CHP 735 forms to Fiscal Management Section (FMS) during this reporting period.
15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: DP CVEF has not handled any incidents requiring submission of CHP 735 forms to Fiscal Management Section (FMS) during this reporting period.
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: DP CVEF has not handled any incidents requiring submission of CHP 735 forms to Fiscal Management Section (FMS) during this reporting period.
17. Is a copy of the CHP 735 being retained at the command and filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: DP CVEF has not handled any incidents requiring submission of CHP 735 forms to Fiscal Management Section (FMS) during this reporting period.
18. Is the command utilizing the optional CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: DP CVEF has not handled any incidents requiring submission of CHP 735 forms to Fiscal Management Section (FMS) during this reporting period.
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program? DP CVEF has not handled any incidents requiring submission of CHP 735 forms to Fiscal Management Section (FMS) during this reporting period.				

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COMMAND DUI COST RECOVERY

<p>20. If the command is not utilizing the CHP 735A, does the command use a case monitoring system to track cases qualifying for the DUI Cost Recovery Program which includes all of the following information:</p> <ul style="list-style-type: none"> • Defendant Information? • Violation Information? • Court Information? • FMS Information? • BAC test results? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The command utilizes the CHP 735A DUI case log.
<p>21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: DP CVEF has not handled any incidents requiring submission of CHP 735 forms to Fiscal Management Section (FMS) during this reporting period.
<p>22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: DP CVEF has not handled any incidents requiring submission of CHP 735 forms to Fiscal Management Section (FMS) during this reporting period.
<p>23. Does the command reconcile their CHP 735 documentation so that the Department will not have to make any refund as result of overpayment or erroneous charges?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: DP CVEF has not handled any incidents requiring submission of CHP 735 forms to Fiscal Management Section (FMS) during this reporting period.
<p>24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: DP CVEF has not handled any incidents requiring submission of CHP 735 forms to Fiscal Management Section (FMS) during this reporting period.
Question 25 pertains to Fiscal Management Section.				
<p>25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: DP CVEF has not handled any incidents requiring submission of CHP 735 forms to Fiscal Management Section (FMS) during this reporting period.